

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

24177 745  
1864

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1864

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> ✓					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Springfield</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Webster Groves</b> 4587			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hosp.</b>				Length of stay in lb <b>DOA</b>		d. STREET ADDRESS (If outside, give location) <b>541 Sunnyside</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>BAHY</b> Middle <b>FRY</b> Last <b>JACKSON</b>				4. DATE OF DEATH <b>July 23, 1957</b>					
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>1885 Oct. 11, 1885</b>		9. AGE (In years last birthday) <b>72</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Credit Manager</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Endicott-Johnson</b>		11. BIRTHPLACE (City and state or country) <b>Tioga Co., Penn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Jerry Jackson</b>				14. MOTHER'S MAIDEN NAME <b>Kit Niles</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>494-09-0385</b>		17. INFORMANT Address <b>Mrs. C. D. Smith 541 Sunnyside</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4200</b>								INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>June 3, 1952</b> , to <b>July 23, 1957</b> and last saw <b>him</b> alive on <b>July 18, 1957</b> . Death occurred at <b>7:20 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>James J. Henry Jr. MD</b>				22b. ADDRESS <b>35N Central, Clayton S. Mo.</b>				22c. DATE SIGNED <b>7-25-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-26-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>			23d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Parker-Aldrich Webster Groves</b>				25. DATE RECD. BY LOCAL REG. <b>7-26-57</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williams</b>			

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1957  
AUG 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Leslie Welch* .....

Licensed Embalmer No. *43*

P. O. Address *Westerly, R.I.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.